

## Global Expectation and Local Pressures on Community Based Organizations in Access to Zero-Doze Parents as Polio Eradication Campaign in the Southern Areas of Khyber Pakhtunkhwa, Pakistan

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**ABSTRACT:** Polio Eradication Campaign is one of the identities on global stage along violence, conflicts and terrorism. Unfortunately, all these elements of identity when mapped get into one geographic locale for the “high risk” category i.e., Southern Khyber Pakhtunkhwa. Understanding these challenges as global in nature having local solutions, the world has shifted its approach to engage community-based organizations (CBOs) more and more to resolve the issues which has far reaching global impact. For the prevention programs in health management system especially in immunization campaigns, the world health organization (WHO, 2021) and UNICEF (2022) have learned through its interventions in Nigeria, India and Afghanistan that CBOs are the best platforms to engage parents, clergy and other relevant stakeholders for ensuring mass mobilization in the campaign for polio eradication from Pakistan with focus on Southern Districts of Khyber Pakhtunkhwa designated as high risk area. An academic study conducted on this intervention called Integrated Service Delivery (ISD) explores how the office bearers of these CBOs in both districts namely Bannu and Dera Ismail Khan are over-burdened by the expectations both from the government and its international counterparts as well as the local communities, whom they claim to represent. The study is qualitative in nature with basic questions analysed for quantitative inference retrieved from segments namely parents, community elders, lady health workers, SRSP representatives and district health management through google form for in-depth interview administered by the researcher and focus group discussions with each stakeholder as homogeneous group in both districts separately.

**KEYWORDS:** Zero-dose Parents, CBOs, LHWs, Polio, High Risk Groups, Community Mobilization

### Introduction

A decade ago, ethnographic study conducted on the subject concludes that indigenous health knowledge is not yet in conformity with global expectations for its huge investments (Closser, 2010). Current qualitative academic study further validates and explores it further for the dimensions of diversities and common grounds in 2026. The current challenges i.e., violent conflicts, extremism, new realities with demographic transitions are all the inter-sectionalities

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including the social media role to make things more complex. The argument here though just explores one dimension from the academic exploration i.e., community organizations involved through an experimental project by UNICEF Pakistan executed through Sarhad Rural Support Program in the southern districts of Khyber Pakhtunkhwa (specifically District Bannu and Dera Ismail Khan). The study explores remarkable trust from the community, health officials and donor in the performance of community-based organizations (CBOs) but the persistent challenge of limited skills and unlimited expectations from both service providers and the end users, makes it complicated.

Poliomyelitis commonly known as polio is an ailment from the ancient history. The known report traces back to Egypt in 1350 BC with the portrayal of a boy having archetypal unbalanced limp palsy and weaken leg. Many other reports of the disease are available scattered in bio-medical and social science literature since 17th century A.D. The Industrial Revolution bringing urbanization in Europe and North America in mid 19<sup>th</sup> Century improved the public health standards. But coincidentally at the same period human history in that part of the world experienced more frequent and high impact epidemics of poliomyelitis which remained a major concern for the developed world till mid 20th century. The study of poliomyelitis successfully in nonhuman primates by Landsteiner and Popper in 1909 was a major landmark for today's efforts, which provided opportunity to study the disease outside of human patients and better understand the virus. Two approaches of prevention for poliomyelitis with vaccination got developed in 1950s. Salk and Younger in 1954 as IPV and later in 1961, the OPV strains of Sabin got licensed in the former Soviet Union, Eastern Europe and Latin America. Mass immunization campaigns in many countries began in 1962 and 1963. Both the inactivated polio vaccine (IPV) and OPV contain three components, one for each immunologically distinct serotype of poliovirus. Some countries use enhanced IPV (eIPV) that contains higher D-antigenic units per dose for types 2 and 3 than standard IPV. Widespread immunization with IPV, and since 1963 with OPV, has virtually eliminated poliomyelitis in most developed countries. In May 1988, members of the World Health Organization (WHO) pledged for the global eradication of poliomyelitis by the year 2000 (resolution WHA41.28). The resolution specified that the polio eradication initiative should be pursued in ways that would strengthen the Expanded Programme on Immunization (EPI). In 1989, the 42nd World Health Assembly approved a general Plan of Action for Global Polio Eradication. The global effort to eradicate polio is the largest public health initiative in history. Since then where polio existed in 05 continents and over 125 countries having a toll of 350 000 children paralyzed alone in 1988, in 2003 with survival only in seven countries. polio has been eliminated from three continents, and reported poliomyelitis cases has fallen to around 1900. The world is concerned to eradicate the menace and as part of its efforts consider engagement of the community-based organization pertinent to address the local perceptions in Pakistan, how much is this effort a success, is the question for this study (World Health Organization, 2004).

### Context of the Study

There are many questions that surround this noble cause, and these questions echoes at all levels, be that close door professionals or open public gatherings and political campaigns. "Why the world is so concerned?", "Why not invest in the visible diseases that our children faces in day to day life", "Why such huge money is pumped into it by the west", "Do they really want to curb the problem or they promote it", and many more similar questions and quarries one gets in the field, be you for any reason, interviewing or engaging with anyone on this subject.

Pakistan with a population of 241.49 million as per 7th national census is the fifth most populous country in the world (NUST, 2025). With 2.55% national growth rate without corresponding growth in resources, has posed multiple challenges to every sector including primary healthcare and has given rise to myriad problems including eradication of Polio. In Khyber Pakhtunkhwa (KP), vaccine-preventable diseases continue to be a major cause of morbidity (30% of children suffer from stunted growth) and mortality (64 per 1,000 under 5 years of age) among

children under 5 years of age (UNICEF, 2015). Though separately conducted studies on primary healthcare problems, especially for pregnant and lactating women (PLW) and children under five years of age are more pervasive and prevalent in both Bannu and Dera Ismail Khan districts of southern parts of Khyber Pakhtunkhwa (Qureshi et al., 2021; Khan, 2023).

This has led Pakistan to the current reality that it is one of the last couple of countries in the world having polio virus sharing the fate with Afghanistan and looking to catch up with Nigeria. The world is claimed to be concerned that if the virus being contagious is not controlled, can pose threat spreading again globally. The Bogus health survey and vaccination initiatives funded by western sources in 2011 targeting DNA samples of high value terrorist targets raised major moral, ethical and safety concerns, which compromised the cause of Polio eradication in Pakistan and fired distrust and suspicion among local communities, particularly in the regions already resistant to polio vaccination efforts. This increased risks for public health initiatives in field operations, jeopardizing confidence in state initiatives and compromised the efforts for polio eradication in Pakistan. To counter the campaign, the extremist groups use clergy and mosques for spreading (mis)information and conspiracy theories about the polio vaccine, which successfully fuelled vaccine hesitancy among communities (Owais, et al., 2013).

### Problem Statement

Realizing the concentration of the problem prevalent in the three most southern districts of Khyber Pakhtunkhwa namely North Waziristan, Bannu and Dera Ismail Khan, UNICEF funded Sarhad Rural Support Program (SRSP), a community based social organization having grassroots infrastructure to engage its CBOs network for reproachment to the parents in denial for vaccination of their children. SRSP has an established trust and local confidence to serve as community-based social accountability mechanism which utilizes the confidence of the local communities and engage the CBOs for monitoring and facilitation in the healthcare service by assisting the service providers including the government. For outreach to zero dose parents and refusal to immunization, under the district health officer, Primary Care Management Committees (PCMC) are being formed in two districts namely District Bannu and Dera Ismail Khan on two levels, district and Union Council. The PCMC plays the role of coordination between healthcare and local beneficiaries for efficient execution of the services provided as well as communicating local needs to enrich the services demand driven and earning local confidence. SRSP provides additional trainings to the CBOs in SBCC as well as Social Accountability with the primary objective to achieve maximum engagement of parents for eradication and immunization against Polio Virus in Pakistan.

There is a visible divide in global response to Polio based on their socio-economic and political system. For the Global North, polio control is not just because they invented vaccination or have more scientific knowledge, but it also has the variable(s) contributing to the success including but not limited to their healthcare system, public education and documented economies (WHO, 2004). On the other hand, the Global South is struggling for political stability, economic melting, poverty, poor public healthcare and conflicts that aggravates the incumbrance of polio and impede the extinction efforts.

There are multiple socio-cultural barriers that make especially southern parts of Khyber Pakhtunkhwa as high-risk zone for continued reports of polio cases (Saood & Salahuddin, 2022). Pakistan is highlighted by World Health Organization (WHO) as one of the only three remaining endemic countries where the disease persists, global partners are collaborating with government of Pakistan for targeted interventions to address the local challenges (World Health Organization, 2023). Indigenous knowledge and local leadership in such scenario could best be utilized empowering them with the latest innovations.

Community organizations are therefore most important and relevant to interplay, mobilize families, resources, and facilitate healthcare workers by advocating for vaccination, and overpowering opposition. They been influential in many initiatives, including public health efforts. They are helpful to serve as connection between state and communities, helping outreach and edification where district health office may fail (Habib, et. Al., 2017). This study though explores; minimum is invested in their training and facilitation with much larger role expectations from all corners and players in the interplay.

### Research Question

How does the CBOs sustain global pressure exerted upon them through state apparatus while meeting the local expectations wherein their own community see them as inter-mediatory to approach the state for the innumerable problems, they encounter in public health extended to poverty, employment and beyond?

### Research Objectives

1. To document the efforts of the CBOs navigating “project targets” for proving their exitance in creating awareness about polio eradication and importance of the vaccination.
2. To understand grounds of legitimacy they receive from the local communities by addressing their concerns in communication with the government and beyond.
3. To analyse state efforts in correspondence to their expectations from the CBOs by providing them adequate trainings on the subject.

### Literature Review

Southern Khyber Pakhtunkhwa is particularly challenging for Global Campaign for Eradication of Polio for many reasons including skepticism toward vaccination. These skeptics exist across all sections of the society having roots in culture and politics alike. To deal with such challenges, like disinformation and fostering trust, is one aspect but understanding why to go for such confrontation is yet another. The lack of conviction among the activist and primary driver being opportunities, incentives and state approval makes the things more complex, promoting skepticism further. Current perception that leads to local hostility and resentment is rooted in the understanding and contextualization that the vaccines are Western conspiracy to damage Muslims, includes haram ingredients, and causes infertility. Community Based Organizations (CBOs) like one named “Khpal Kor Foundation” and “Jirga for Health”, work with international partners including UNICEF through government program namely Expanded Programme on Immunization (EPI) in social behavioral change communication as well as implementing the outreach strategies (Rahim, et.al., 2022). To increase their legitimacy and accessibility in conservative communities, these groups use imams, madrassa instructors, and even female community health professionals in their mobilization campaigns. Through mosque announcements, house visits, and participation in neighborhood jirgas, Community Based Organizations attempt to create ownership of community members for the health initiatives.

District Bannu and Dera Ismail Khan are the two most sensitive districts both for its sociopolitical circumstances and the presence of anti-state elements with operational capabilities inflicting violence on state apparatus with regular intervals. The local community trapped in between handle the intricacy with their kinship ties and tribal dynamics to sustain trust from both conflict parties. Community Based Organizations are very important middle party in such circumstances. Local employees who are familiar with the cultural background and frequently hail from the communities, serve as employe in these Community Organization. Utilizing their ability to access tribal elders, navigate the vaccination teams, and participate in the local jirga procedures as insiders, help them secure community support, government trust and guarantee vaccinators' safety (Ghinai et al., 2020). In absence of demographic record

keeping at primary healthcare level, newborns are usually left behind from the official record keeping and the public health follow-ups, especially for girl child. The presence of CBOs to back lady health workers (LHWs) has improved tracking of missing children (Ali et al., 2019). Community Based Organizations have used the local mediator known as *jirgamaars* [local translation for the term insider-mediator] to arrange interim ceasefires or community agreements that allow safe immunization days in North Waziristan, where formal government health teams frequently cannot reach families because of threats from anti-state forces (WHO, 2021). Community Based organizations employ contextual idioms, storytelling, religious references, and proverbial expressions in Pashto and Seraiki language to transform global messages into local context (UNICEF, 2022). Faster case identification, verification, and investigation are made possible through such social organization which otherwise may increase the sensitivity and reach of national surveillance systems. Furthermore, these Community Based Organizations (CBOs) facilitate in community map updates to evolve the micro-plans current, which is essential for identifying high-risk groups, monitoring nomadic groups' movements, and finding zero-dose children who have never had any routine vaccinations. This help inclusivity to ensure no segment of the population is missed out and ensure the efficacy of Supplementary Immunization Activities (SIAs).

### Research Methodology

The field work as stated was conducted in two districts of Khyber Pakhtunkhwa province, namely, Bannu and D. I. Khan representing Southern Khyber Pakhtunkhwa during second half of 2025. The research information retrieved cover wide range of socio-economic, cultural, and demographic factors influencing polio eradication efforts with information collected from the diverse stakeholders including but not limited to mothers/fathers/caregivers, community stakeholders such as religious leaders, community notables, teachers, and local councils, facility-level health actors such as LHWs/LHVs and SRSP staff, and district health office and administration which made the research population for this study. This specific article is primarily focused with its scope limited to the role of community-based organizations for their contribution in the health sector efforts to transform the challenge of polio eradication into collective effort corresponding local to the global expectations. All households in the selected 18 Union Councils (UCs) represented by 6 union councils from district Bannu 12 union councils from Dera Ismail Khan are the target research population, where SRSP is engaged in social mobilization through community organizations for social and behavioural change communication. The study applied purposive sampling to deliberately select parents, health workers, community elders and community organizations' representatives as participants, considering the nature of the research question (Hennink et al., 2022). With such preferential selection, study gets respondents with specific characteristics or experiences to gain deep, insightful data (Lapan et al., 2011). The nature of the population, in this research as discussed, is based on four homogeneous clusters namely parent; community organization office bearers; and third cluster as health workers, district health management staff; and SRSP staff, picked from the union council selected in two districts of Southern Khyber Pakhtunkhwa. This was ensured that each district has minimum one each focus group discussion for parents (both mothers and fathers separate), community elders and SRSP/District Health Management. This strategy helped the study reach its maximum diverse groups and get the comprehensive coverage of the diversities in opinions, though the fact been, most of the categories were found in synergy to others for the problems as well as perspectives on the prospects for eradication of polio virus. The sample size for quantitative data collection was not fix as it is based on reaching a saturation point where no new information is emerging. However, the respondents are of different categories and to be selected from both districts. A total of 51 responses were retrieved through the google form created from all the three segments of the respondents both in Bannu and Dera Ismail Khan out of which 26 were in Dera Ismail Khan

and the remaining 25 from district Bannu. The gender representation at both districts were almost equal with a slight favor of more men in Bannu (14 of 25) and women in DIKhan (14 of 26). Furthermore, the nature of respondents in terms of the categories, all lady health workers clubbed with district health management and SRSP staff interviewed makes it 20 out of the total 51 responses, out of these 20, women were 12. Community Elders represented by 13 respondents with 03 of them women. The representation of parents was 18 of 51 with 10 as women parents among the 18 responded.

### Tools for Data Collection

For effective information considering given objectives, themes and questions aligned with each objective were identified through literature review to construct the interview guide for the Google Form as questionnaire but as it was administered by the researcher herself in the field, the same is referred to as interview schedule. The focus group discussions were also organized on the same thematic questions so to help a consistent data and get the collective wisdom of the clusters for their experiential knowledge and capture interactive dialogue among participants as triangulation for the data retrieved on individual interview schedule basis. This helped in identification of the group dynamics related to polio vaccination and community organization activities. The researcher as participant observer also kept a dairy for daily field notes so to gain a direct, contextual understanding of the operational environment and interactions within community settings. Some very interesting observations were retrieved through this ethnographic approach that provided “hints” why the efforts are giving appreciable “statistics” but not “quality” results.

### Data Analysis Procedure

The thematic analysis and systematic interpretation construct the argument, initially generated codes identifying and labeling significant segments of data relevant to the research objectives and questions, the following results and discussion is generated. Stewart (2018) explains it as extracting meanings, insightful information normally displayed through emotions and sentiments mostly from unstructured data. The themes elaborated are the clusters of these identical codes organized, which reflect patterns and relationships across the data. Content analysis is also used by applying text analytics.

### Results and Discussion

The representatives of the CBOs emerged through the study as Health Sector insider mediators, performing up to the expectations of both the local resident parents and the government performing through both district health management, and non-governmental organizations. To all stakeholders they emerge as trust-builders in addition to the services they provide exploiting polio health initiatives, in favor of their own kin and kids. In unstable regions like Southern Khyber Pakhtunkhwa, they perform central role to undertake the long-term polio eradication campaign. They are expected to enhance public health outreach but with limited education and training on the subject. The lack of the conviction on polio virus spread mechanism, understanding for its control, reasons behind global resource mobilization and limited on no incentives, compels the CBO office bearers to take the task not for state or a specific project but the collective good of their own people. The field descriptions collected through focus group discussions and in-depth interview reveal confirmation of the prevalent historical patterns, misinformation, and distrust toward global health interests, which have been documented in several studies on polio eradication efforts in Pakistan. The responses also indicate changing perceptions over time, suggesting that awareness campaigns have gradually improved community acceptance, “Still people have reservations on the provision of EPI services.

Some people demand about the chocolates [nutrition and food supplement] for their children but sometimes they get it or some time not” (FGD with LHWs, Muryali, Dera Ismail Khan).

**Table 1**

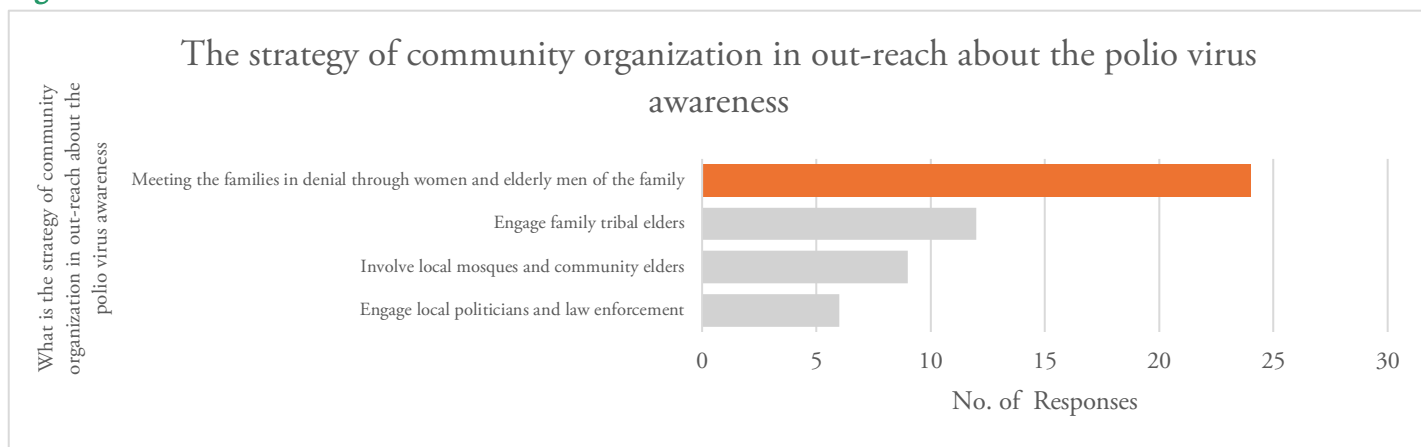
*CBOs’ Strategy in out-reach for Polio Virus Awareness (N=51)*

Actions Taken	Responses
Meeting the families in denial through women and elderly men of the family	50%
Engage family tribal elders	25%
Involve local mosques and community elders	16%
Engage local politicians and law enforcement	09%

The representatives of the CBOs both in Bannu and Dera Ismail Khan found of taking measures to engage residents through awareness seminars under the umbrella of their local organizations, mostly focused on zero-doze parents, they also do engage with local elders, clergy and political leadership as shown in the table 1. The community leaders explain it further in a focus group discussion at district Dera Ismail Khan, "Earlier, when there would be a refusal case, there would be no one to address that issue. But since these CBOs have been formed, when there is a refusal case then the CBO members use their community engagement channels and, in this way, these issues are resolved. And now in our UC, there is no refusal case"(FGD with Community Elders, UC City-04, Dera Ismail Khan). However, the community elders endorse the perception that the community is concerned about the special treatment being received by the hesitant parents having added support, facilitation, benefits and attention, they stated, "It creates a divide among parents. Some feel it's justified. The refusals by some parents motivate others as well to refuse because it creates fear as well as provide attention seeking attitudes of the higher authorities” (FGD with Community Elders, UC City-04, Dera Ismail Khan).

They further explain, "There are many kids in a family, not just one or two. The family cannot afford to provide proper nutrition to all the children because they can barely afford the regular meal." (FGD with local leaders, UC Malana, Dera Ismail Khan). In a different union council but with the same target group, in focus group discussion in district Dera Ismail Khan, the community leaders appreciating the CBOs’ role as stated, “Nutrition of children is a big issue here in UC Malana, some time ago, about 8 to 10 months, they used to give chocolates (nutritional supplements) to children as well as mothers, but now this practice has stopped” (FGD with local leaders, UC Malana, Dera Ismail Khan). Even the local clergy now understand the vocabulary, the tactics and priorities of the government and hence make arguments in their words, as they say, "SBCC [social behavioral change communication] needs to resonate with the community by spreading the message through the Imam of the mosque, they can communicate the message easily to the community. I am a Khateeb in a mosque. Recently, a person from an NGO approached me and gave me a pamphlet with some health-related guidelines. I read those guidelines prior to my speech, and although, most of those things were already known to the people, most of them perceive the polio vaccine wrongly. Therefore, if the government/health department issues a letter in a professional way, then the Khateeb will follow that and will convey the message to the public as well." (FGD with Community Elders, UC City-04, Dera Ismail Khan).

Figure 1



Meeting the families in denial through women and elderly men of the family appears most often as depicted in the figure above. But the communities repeatedly identify their point of interest and preferential services that they expect from the government and donors to focus upon, “There is malnutrition in our area, but the government must know, our people are jobless, most of them are daily wage workers. There is poverty in this area. We cannot provide proper nutrition to our families. There is no proper sewerage system here, whenever there is rain, we carry bicycle on shoulder in the street. There should be a proper system of cleanliness” (FGD with local leaders, UC Malana, Dera Ismail Khan). This was beautiful put into words by the community elders when they stated, "We agree with the government that polio and other vaccines are good for children, and we do vaccinate children here in UC Budhani. Our imam [the priest] of mosque help the health workers where there are cases of refusals. But when are we going to get the government help us in what we demand? The DHO office in the district and the dispensary in our union council is corrupt, medicines, soaps, masks, and mosquito nets are not provided to the community. Medicine is not provided even in the district headquarters hospital. We vaccinate our children, but health workers and police just force us for polio vaccination. There are poor people in this UC, we have no medicine in our hospital (BHU). Committees [CBOs] are needed here because the health office and doctors in the hospital do not listen to us. There are no medicine and other facilities." (FGD with Community Elders, UC Budhani, Dera Ismail Khan).

The study observes that primarily, the poverty dictates the terms for the negotiated settlement between parents and the government on vaccination for which the incentives are offered, “Nobody own a land here, we are just workers, we harvest sugarcane and other crops for over livelihood. Our people go to the local BHU in the evening time for the issues of their children, but the BHU is closed by that time. Moreover, medicine is not available there like paracetamol or even cough syrup. The doctors are also not qualified”, They insist, “Vaccination is good but why just vaccination, they should come and see what problems we are facing” (FGD with local leaders, UC Malana, Dera Ismail Khan).

Table 2

*Public Perception of CBOs’ Activism in Preventing Polio outspread and Mass Awareness (N=51)*

The most efficient service of a community organization (Tanzeem) in the community?	No. of Responses
Hosting events in community places at their neighborhood	23
To persuade parents in their neighborhood for polio vaccination and other immunizations	21
They did not do anything yet for local neighborhood	5
Engaging health department and other officials to bring us donations and other services in their neighborhood	2
<b>Grand Total</b>	<b>51</b>

The respondents overwhelmingly endorse two basic functions that CBOs perform in local neighborhoods as stated in the table 2 above. They are proactively arranging awareness sessions as local host organization and engage with parent for immunization campaigns focused on Polio primarily. The council of elders usually share words of confidence in the role CBOs plays in their respective communities as bridge to connect with the government. They share their suggestions to further strengthen these forums by adding the relevant stakeholders, "Committee [CBOs] should be formed, in our dispensary (BHU) chocolates (nutrition supplements) are not available. People like Nazim sb (Consular) should be part of such a committee...our village is very far from the city, if there is a committee, it can talk to the high-ups about issues currently, we have no access to the DHO and other offices." (FGD with Community Elders, UC Budhani, Dera Ismail Khan). In another instance with more explanation, the community elders endorsing the same phenomenon share, "The lady polio workers come, and our people cooperate with them, especially those in the city area. However, there are also some people who are cynical about vaccination. People have different opinions on vaccination, few think that its foreign conspiracy, kids may die early. They may get infected with unknown diseases. But by creating such an atmosphere with these awareness events, people do get their children vaccinated. In our area, we go to those parents with refusals and persuade them to vaccinate their children but then there are doctors too in our area who do not vaccinate their own children. This becomes a major reason why people don't vaccinate their children" (FGD with Community Elders, UC City 04, Dera Ismail Khan). They also explain the objective outcome of the sessions conducted on social behavioral change communication through CBOs in these neighborhoods, "These sessions cover topics such as proper handwashing techniques, sanitation methods, safe drinking water, and the importance of a balanced diet for improved health" (FGD with Community Elders, Bannu). Another interesting perspective explains the thought process of the locals in these words, "Poor people who have no knowledge about nutrition or immunization; think that if one child dies, they will have another one. The CBO and health workers must guide the parents, moreover, the medicine should not be of low quality, if good quality medicine/vaccine will be given, people will embrace it." (FGD with Community Elders, UC City-04, Dera Ismail Khan). They have also shared the reasons for such behavior, "Immunization vaccines are OK, but we need facilities like Sehat (health) Card, they have finished the facility of Sehat Card"(FGD with local leaders, UC Malana, Dera Ismail Khan). In another instance, the respondents came direct to share, "They [government] need to identify the weak (malnourished) children as well, not just polio (vaccination)." (FGD with Community Elders, UC Budhani, Dera Ismail Khan).

A collective wisdom of local elders at Dera Ismail Khan in UC Malana during the focus group discussion was recorded as, "There are just 2 or 3 families who believe that it (vaccination) has come from the US [America] and it is not good for the health of their children" (FGD with local leaders, UC Malana, Dera Ismail Khan). According to Yasmin (2020), partnership with local organizations such as CBOs, as an approach may bring sureties and receive swift coverage of refusals including the missing children, while also improving access and fostering confidence. The local communities also share their concerns and culturally unpleasant response on the use of coercive force against the parents not complying with the polio vaccination in the campaign periods. They express these feelings in words, "Families who are not willing to vaccinate their children, are forced by the health officials and they bring police to compel them to vaccinate their children. They are threatened that if they don't vaccinate their children, they will be punished. This should not happen, they [parents] can be convinced by imam of mosque or committees like CBO" (FGD with Community Elders, UC Budhani, Dera Ismail Khan). Similar concerns were shared elsewhere during the field work stating, "In UC Malana, there are no such cases of refusals (immunization), if someone refuses to vaccinate their children, police and other authorities convince them to vaccinate" (FGD with local leaders, UC Malana, Dera Ismail Khan).

## Conclusion

The present dynamics explore that the district health management, the CBOs and the lady health workers and other field-based health staff are sincerely doing their best to navigate through cultural, social, economic and kinship hurdles with gender restrictions to bring on board all parents and others for the national task on polio eradication. The communities also appreciate these health department foot soldiers and consider CBOs as the key players to navigate for them as parents and for the union council-based health workers with the district health management. The primary point of dissent that exist is the adequate resource mobilization, equipping the health centers, service priorities and need assessment beside rumors, grievances and non-state actors. This situation is very much identical to the social ecological model (Nyambe, et. Al., 2016) especially with reference to the current fieldwork wherein Integrated Social Development was a model in execution taking four components as holistic approach for improving health condition and targeting zero-dose parents with a positive outlook of the state. The model discusses the multi-level behavioral influences in such scenario, which were all observed and found reacting different to their own objective realities, standpoint and knowledge base for the engagement strategy with “others”, considering social alliances based on profession, kinship and professional hierarchy for the LHWs, communities and district health management respectively. Such social environment is just one dimension of the story taken as resisting force with all its sub-variables including hate speech, propaganda against the vaccines, declaring it western agenda and considering it injurious for public health. The other dimension is the cultural spectrum. This study has identified all dimensions of myth and values attached to the newborn babies, the mother and collective responsibilities of the extended families reaching out to the lineage and tribes. Beyond close kinship access to the women folk especially the newly turned mother and the child is very harmful and life threatening which invites witches and evil forces along misfortunes. The third important aspect identified in the study is the navigation of all stakeholders to (mis)use polio eradication campaign for their own intended goods and services, even the field teams are found unable to answer questions like how the virus spread, how it looks like, why focus on this one disease only, and many other challenging questions. Everyone is anxious to understand the other stakeholder and has doubt on them, but cooperation is there with full of self-interests designed and motivated with the end to achieve “target” given by the government from above. Such normative framework has shaped the behavior of both service providers and the community at large. The CBOs could navigate for their identities across these three factions but were more comfortable if associated with the district health management and as representative of the community beyond kinship status.

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